PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

108/0505

			•	•	•			1		•		
		CLAIMS A		S FILED - PART ((Column 1)		(Column 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			32				RAT	Έ	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00
TO	OTAL CHARGE	A q ninus 20=		. 29 -		X\$.9)=		OR	X\$18=		
INI	DEPENDENT C	5 minus 3 =		* 2	* 2		=		OR	X86=	172	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT	RESENT		I		;=	·	OR	+290=	290
* 11	the difference	e in column 1 js	less than z	ero, enter	"0" in (column 2	TOTA			OR	TOTAL	
	C	CLAIMS AS A	MENDE	D - PAR (Colun		(Column 3)	SMA	SMALL ENTITY		J OR	OTHER THAN SMALL ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	*	Minus	** .		=	X\$ 9	=		OR	X\$18=	
	Independent	* ENTATION OF MI	Minus	***	CLAIM	=	X43:	=		OR	X86=	
	FIRST PRESE	INTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		+145	=		OR	+290=	,
								FAL EE		OR	TOTAL ADDIT: FEE	
(Column 1) (Column 2) (Column 3)											-	
AMENDMENT B	-,	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***	. CLAIM	=	X43=	=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		QЯ	+290=	,
								AL EE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)			•			
MEN		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	f-t	<u> </u>	=	X\$ 9=	:		OR	X\$18=	
	Independent	*	Minus	***		=	X43=			OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ľ	+290=	<u>.</u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR L	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
I≀ T	he "Hinhest Numb	her Previously Paid	For" (Total or	Indenenden	itt is the	highest number	found in the	appro	opriate box	in colu	mn 1.	i